Complete Summary

GUIDELINE TITLE

Guidelines for outpatient prescription of controlled substances, schedules II-IV, for workers on time-loss.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guidelines for outpatient prescription of controlled substances, schedules II-IV, for workers on time-loss. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 8 p. [6 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Chronic nonmalignant pain, defined as pain persisting beyond the expected normal healing time of an injury for which traditional medical approaches have been unsuccessful

GUIDELINE CATEGORY

Evaluation
Management

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Physical Medicine and Rehabilitation

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To present guidelines for outpatient prescription of controlled substances for workers on time-loss

TARGET POPULATION

The injured worker on time-loss with chronic nonmalignant pain and whose injury occurred within 6 months

Note: Patients who have been on controlled substances for prolonged periods and come under the care of a new physician are beyond the scope of this guideline.

INTERVENTIONS AND PRACTICES CONSIDERED

Outpatient prescription of nonparenteral controlled substances (opioids or sedatives or both), schedules II-IV, in the workers' compensation setting only

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Documentation Recommendations When Controlled Substances are Prescribed

a. A thorough medical history and physical examination and medical decision-making plan should be documented, with particular attention focused on determining the cause(s) of the patient's pain.
b. A written treatment plan should be documented and should include the following information:
    - A finite treatment plan that does not exceed six weeks
    - Clearly stated, measurable objectives
    - A list of all current medications (with doses) including medications prescribed by other physicians (whenever possible)
    - Description of reported pain relief from each medication
    - Justification of the continued use of controlled substances
    - Documentation of attempts at weaning
    - Explanation of why weaning attempts have failed (including detailed history to elicit information on alcohol and drug use)
    - How the patient's response to medication will be assessed
    - Further planned diagnostic evaluation
    - Alternative treatments under consideration
c. The risks and benefits of prescribed medications should be explained to the patient and the explanation should be documented, along with expected outcomes, duration of treatment, and prescribing limitations.
d. The treatment plan should be revised as new information develops which alters the plan.

General Information

Physicians may be held accountable if their prescribing patterns fall outside these guidelines.

Documentation recommendations should be followed at all times (see above), especially whenever the physician departs from the guidelines listed below.

Treatment of Acute Pain From Traumatic Injuries or Surgery (Post-Discharge)

A. Schedule II drugs should be prescribed for no longer than 2 weeks.
B. Schedule III and Schedule IV drugs should be prescribed for no longer than 6 weeks. (See Table 3 in the guideline document for examples of controlled substances.)

Treatment of Chronic Nonmalignant Pain*

A. Extreme caution should be used in prescribing controlled substances for workers with one or more "Relative Contraindications" (see "Contraindications" field). (Note: When special circumstances seem to warrant the use of these drugs in the types of patients listed in the "Contraindications" field, referral for review is indicated.)
B. For patients on a <u>combination</u> of opioids and scheduled sedatives:

<u>Treatment with combinations should usually not extend beyond 6 weeks</u>.

C. For patients on opioids OR scheduled sedatives (but not combinations of the two):

Treatment should usually not extend beyond 3 months.

D. Consultation or referral to a chronic pain specialist should be considered when any of the following conditions exist:
   1. Underlying tissue pathology is minimal or absent, and correlation between the structural derangement caused by the original injury and the severity of impairment is not clear
   2. Suffering and pain behaviors are present, and the patient continues to request medication
   3. Standard treatment measures have not been successful or are not indicated

*Defined as pain persisting beyond the expected healing time for an injury, for which traditional medical approaches have been unsuccessful.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Repeated, long-term use of prescription controlled substances for chronic nonmalignant pain may be a factor in the development of long-term disability. This condition may be preventable if at-risk patients and practices are proactively identified and managed appropriately.
- These guidelines may lead to more accurate and timely identification of workers at risk for the development of long-term disability. These guidelines may also be a component of future intervention strategies aimed at preventing long-term disability.

POTENTIAL HARMS

Not stated

CONTRAINDICATIONS

CONTRAINDICATIONS

Relative Contraindications for the Use of Controlled Substances

- History of alcohol or other substance abuse, or a history of chronic, high-dose benzodiazepine use
- Active alcohol or other substance abuse
- Borderline personality disorders
- Mood disorders (e.g., depression) or psychotic disorders
- Other disorders that are primarily depressive in nature
- Off work for more than six months

Note: When special circumstances seem to warrant the use of these drugs in the types of patients noted above, referral for review is indicated.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.
- It is recognized that the guidelines cannot apply uniformly to every patient. Also, the guidelines cannot be the sole determining basis for identifying patients at risk for a drug use problem or currently experiencing a drug use problem. Mere application of the guidelines cannot substitute for a thorough assessment of the patient or medical file by qualified health care professionals. For example, it may be

acceptable to prescribe opioids to workers who are gainfully employed and not receiving time-loss. Similarly, the guidelines cannot substitute for detailed prescribing information found in many medical and pharmacologic references.

- These guidelines will be applied in the workers' compensation setting only. The guidelines will apply only to workers whose injuries occurred after the guidelines are adopted by the Washington State Medical Association (WSMA) and sufficient notice has been given to providers. The Department of Labor and Industries may impose sanctions if the guidelines are not followed.
- The guidelines are intended for use by physicians who begin treatment within 6 months of the worker's injury. Patients who have been on controlled substances for prolonged periods and come under the care of a new physician present special problems. These and other problems will be dealt with in a separate publication.
- While the guidelines may not conflict with state or federal laws, by necessity they cannot cover in detail all of the many rules, regulations, and policies published by the various agencies enacting and enforcing these laws.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guidelines for outpatient prescription of controlled substances, schedules II-IV, for workers on time-loss. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 8 p. [6 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1992 (revised 1999 Jun; republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I): Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Guidelines for outpatient prescription of controlled substances, schedules II-IV, for workers on time-loss. Olympia (WA): Washington State Department of Labor and Industries; 1999 Jun.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Washington State Department of Labor and Industries Web site.

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the Washington State Department of Labor and Industries Web site.

PATIENT RESOURCES

The following is available:

- What you should know about rules your doctor must follow to prescribe drugs that may be addictive. In: Guidelines for outpatient prescription of controlled substances, schedules II-IV, for workers on time-loss. Olympia (WA): Washington State Department of Labor and Industries, 2002.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

NGC STATUS

This summary was completed by ECRI on February 14, 2000. It was sent to the guideline developer for review on February 15, 2000; however, to date, no comments have been received. The guideline developer has given NGC permission to publish the NGC summary. This summary was updated by ECRI on May 28, 2004. The information was verified by the guideline developer on June 14, 2004.

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